

August 7, 2002

Re: Medical Dispute Resolution

MDR #: M2-02-0786-01

IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician reviewer who is Board Certified in Physical Medicine and Rehabilitation.

THE PHYSICIAN REVIEWER OF YOUR CASE **AGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. A repeat lumbar myelogram with reconstruction of CT scan is not indicated or medically necessary in this case.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of

Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on August 7, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0786-01, in the area of Physical Medicine and Rehabilitation and Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of lumbar myelogram with reconstruction of CT scan.
2. Correspondence.
3. Histories and physicals and physicians' notes from 2002, 2001, 2000, and 1999.
4. Operative reports.

5. Radiology reports.
6. Nerve conduction studies done x 2.
7. SSEP studies.

B. BRIEF CLINICAL HISTORY:

The patient is a gentleman who was injured on the job while working as an airline mechanic. He sustained mid and low back injuries. He has been followed since the date of injury of ___ for these complaints. He has had multiple imagings and diagnostic studies including MRI's of the cervical, thoracic, and lumbar spine, CT scans, CT myelograms, EMG and nerve conduction studies done x 2, with SSEP's as well, and lumbar discography, reportedly.

C. DISPUTED SERVICES:

Dispute has been made regarding the request for a repeat lumbar myelogram with reconstruction of CT scan, which have been done previously.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

Specifically, the CT myelogram does not appear to shed any light on a further etiology of this problem, as his anatomy has been well documented on multiple imaging studies up to date. Any new findings on a study such as this would be considered to be a new injury, with such detailed anatomic evaluations performed by previous imagings and diagnostic workup.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 6 August 2002